



# South Carolina Commission on Higher Education

Postsecondary Institution Licensing  
1122 Lady Street, Suite 300, Columbia, SC 29201  
Telephone (803) 737-2260; Fax (803) 737-2297

## APPLICATION FOR AGENT PERMIT

**INSTRUCTIONS:** This application is to be completed by all sales representatives and must be accompanied by a \$30.00 application fee, made payable to the South Carolina Commission on Higher Education. This fee is non-refundable. **Do not send cash.** Avoid unnecessary delay by furnishing complete and accurate information. No permit will be issued unless application is complete.

Agent first name	Agent middle name	Agent last name
Agent date of birth	Agent new	Agent renewal
Agent address (street, city, state, zip)		
Agent telephone (home)	Agent telephone (work)	Agent telephone (cell)
Agent email		

Name of School Employing Agent	
Address(es) of School <i>(Street, City, State, Zip)</i> You may list multiple locations or provide in an attachment.	
School official name	Contact email

<b>Applicant's History: Complete for most recent five years including employment, education, and military service.</b>		
From (date):	To (date):	Position
Employer/school/military name		Reason for leaving
From (date):	To (date):	Position
Employer/school/military name		Reason for leaving
From (date):	To (date):	Position
Employer/school/military name		Reason for leaving
From (date):	To (date):	Position
Employer/school/military name		Reason for leaving

(continued on back)

1.	Name	Address	Telephone
2.	Name	Address	Telephone
3.	Name	Address	Telephone

Have you ever pleaded guilty to or been convicted of a felony or a crime of moral turpitude?    Yes                      No  
(If yes, explain and include date)

## Agent Certification

\_\_\_\_\_  
Signature of Agent

Date \_\_\_\_\_

I certify that the institution will employ \_\_\_\_\_, agent/applicant, permitting by the South Carolina Commission on Higher Education. The institution shall be responsible and liable for the acts of its agents acting within the scope of his/her authority.

\_\_\_\_\_  
Signature of School Official

Date \_\_\_\_\_

Revised 10/9/14